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PPLICATION NO.	FILING DATE	FIRST	NAMED	INVENTOR	ATTORNEY DOCK	डा	CONFIRMA	ATION NO.
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1. Change of correspondence address or indication of "Fee Address" (37 CFR   .363).  ☑ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent automeys or agents OR, alternatively, (2) the name of n single firm (have as a member a registered automey or agent) and the names of up to two registered patent attorneys or agents. If no name is listed, no name will be printed.  2					
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